SF 61-B (Rev. 10/88) U.S. Office of Personnel Management FPM Supplement 296-33 61-307

## **Declaration Of Appointee** (Data Needed For Appointment Or Conversion)

OMB Approved No. 3206-0182 Expires: 10/31/91 \*See Reverse Side For Public Burden Statement

INSTRUCTIONS TO APPOINTEE: Answer all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in ink. See Privacy Act Statement on reverse.

1. Name (Last, First, Middle)						2. Present Address (Number, Street, City, State and ZIP Code)					
Social Security Number     4. Birthdate (Month/Day/You				ear)							
5-A. Emergency Notification-First Person (Name/Addr.) Relationship  Telephone Numb						5-B. Second Person (Name and Address)			Relationship	Relationship	
				ber			Telephone Number				
6. Since the date you signed your application, have any of your relatives (b Government or the United States Armed Forces? If "Yes", provide deta									YES		
Name						F	Relationship Department, Agency or Branch of Armed Fore			rces	
	ANSWER BY PLACING AN "X" IN THE PROPER COLUMN. PROVIDE DETAILED ANSWERS ON REVERSE SIDE.							PLACING AN "X" IN THE PROPER COLUMN. DETAILED ANSWERS ON REVERSE SIDE.  Y E S O			
7.	Are you a citizen of the United States countries of which you are a citizen	e you a citizen of the United States? If "No", give country untries of which you are a citizen				14.					
	SINCE THE DATE YOU SIGNED YOUR APPLICATION FOR THIS POSITION, HAVE YOU:										
8.	Applied for or begun to receive retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?					B. If you filed such a waiver, has it been cancelled? If "No," go to Item 15.					
9.	Become delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, <b>plus</b> defaults on Federally guaranteed or insured loans, such as student and home mortgage loans.)					C. Since March 1981 have you ever elected Standard Optional Insurance under the Federal Employees' Group Life Insurance Program? If "Yes," complete Item D. If "No," go to Item E.  D. If you made such an election, has it been cancelled?					
10.	Pleaded "no contest" to or forfeited collateral for, or been convicted of an offense against the law, or are you now under charges of any offense against the law? Omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday; if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State						E. Since March Insurance under Program? If "Yes," complete F. If you made s	such an election, rias it been cancelled:  the 1981 have you ever elected Additional/Optional er the Federal Employees' Group Life Insurance ete Item F. If "No," go to Item G.  such an election, how many multiples of salary did you separated or converted?  Cancelled Before			
11.									eparation		
12.	Been discharged from the Armed S honorable conditions? (Omit any disch or general by a Discharge Review Boa	arge chang	ed to honorable				Insurance under Program? If "Yes	n 1981 have you ever electer the Federal Employees' Gro s," complete Item H. If "No," go	oup Life Insurance to Item 15		
13.	Been fired from any job for any reason would be fired, or left by mutual agree problem?	ment becau	ise of a specific			CER	•	uch an election, has it been can etc.		are true.	
	IF YOU ANSWERED "YES" TO THE QUESTIONS INDICATED BELOW, PROVIDE THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS SHEET:					com faith	complete, and correct to the best of my knowledge and belief and are made in				
	<ol><li>Explain the type, length, and amount of delinquency or default, and the steps you are taking to correct error or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.</li></ol>										
	<ul><li>10. or 11. Explain each violation. Give place of occurrence and name/address of police court involved.</li><li>13. Give branch of convice, type of discharge, and date.</li></ul>							G OFFICER:			
	12. Give branch of service, type of discharge, and date.					E	Enter Date of Appointment or Conversion				

## **Detailed Answers To Items 7 Through 14** (Indicate The Item Numbers To Which Answers Apply)

## **PRIVACY ACT STATEMENT**

Sections 3301 and 3304 of Title 5, U.S. Code, provide for the examination of individuals for employment; Executive Order 10450, Security Requirements for Government Employment, requires a suitability for employment determination for all employees; Section 8716 of Title 5, U.S. Code, provides for the Office of Personnel Management to regulate enrollment in the Government's Life Insurance program; and Executive Order 9397 authorizes use of the Social Security Number to identify individuals in personnel records. Thus, solicitation of this information is authorized by these statutes or Executive Orders. The information will be used primarily to determine your qualifications and suitability for employment, your eligibility for insurance coverage, and for identification purposes. Responses are voluntary, but failure to provide all information may result in a determination that you are not qualified or suitable for employment; or result in incorrect life insurance withholdings being made from your pay.

## **PUBLIC BURDEN STATEMENT**

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C., 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0182) Washington, D.C., 20503